

APPENDICES

APPENDIX A - OMBUDSMAN ACTIVITIES

The Ombudsman is charged with promoting public awareness and understanding of family and children services and with identifying systemic issues that need improvement.¹ The office accomplishes this by actively participating on committees established to critically examine such issues; presenting at conferences; reviewing and analyzing proposed legislation, and providing oral or written testimony where appropriate; and conducting site visits of state licensed facilities pertaining to placement, supervision, and treatment of children in the state's care. The following provides a list of the Ombudsman's community outreach and legislative action in 2004 and 2005:

COMMITTEES/TASK FORCES

Children's Administration Adolescent Work Group

Braam Panel

Child Protective Team Work Group

Joint Task Force on Child Safety established by SHS 2156

Joint Task Force on the administration and delivery of services to children and families established by SSB 5872

Kinship Care Work group²

CONFERENCES

Annual Children's Justice Conference, 2004 & 2005

Children and the Law Conference in Washington DC, 2004

Chronic Neglect Working Conference at Portland State University

Foster Care Assessment Program

Helping Children Affected by Domestic Violence, Burien

Kids Come First II Curriculum Training

Prevention Pays Forum - Evidence Based Services

Region IV Coordinated Response to Child Maltreatment and Domestic Violence Protocol Workshop

United States Ombudsman Conference in Portland, 2004 & 2005

Washington State 2004 Foster Care Conference (FPAWS), Wenatchee

What about Children Conference

¹ RCW 43.06A.010.

² The workgroup generated a Kinship Care Report in Response to HB 1397 (codified at RCW 74.13), which directed DSHS to "convene a kinship caregivers working group" to brief the Legislature by November 1, 2002 on "policy issues to be considered in making kinship care a robust component of the out-of-home placements spectrum."

LEGISLATION

Legislative Children's Oversight Committee

- Testimony on Ombudsman performing statutory duties under RCW 43.06A.

House Committee on Appropriations

- Provided written comments on HB 1551, a bill to provide additional funding to combat methamphetamine abuse.

House Committee on Children & Family Services:

- Testimony on HB 1482, A bill relating to child abuse and neglect

House Committee on Health Care:

- Testimony on HB 1427, a bill relating to postpartum depression

Senate Committee on Health & Long Term Care:

- Testimony on SB 5898, a bill relating to postpartum depression

Senate Committee on Human Services & Corrections

- Testimony to provide overview of the Ombudsman's Office, present the 2003 Annual Report & discuss current OFCO activities
- Testimony on SB 5583, a bill requiring training of children's administration employees concerning older children who are victims of abuse or neglect
- Testimony on SB 5873, a bill to require additional oversight of CPS and CWS employees by the Ombudsman
- Testimony on SHB 5922, a bill changing procedures for investigations of child abuse and neglect (aka "the Justice and Raiden Robinson neglect bill")

In addition to the Ombudsman's actions on these specific bills, the Office also participated in the House oversight hearing on the Braam lawsuit and intervention programs. The Ombudsman also met with numerous legislators and staff to provide expertise and express concerns on subject areas within the purview of these committees.

PRESENTATIONS

Child Welfare Advocacy Coalition

Children's Justice Conference 2004

Kitsap County Foster Care Association, Silverdale, WA, 2004

Foster Parent Association Board Meeting

King County Child Abuse Network Meeting

Presentation on Foster Parent Retaliation at the Washington State 2004 Foster Care Conference (FPAWS), Wenatchee, WA 2004

United States Ombudsman Association 2004 & 2005 (Director Ombudsman Meinig is co-chair of the Family and Children's Chapter of USOA)

SITE VISITS

Adolescent residential treatment facility, Spokane

Crisis Residential Center, Spokane

Crosswalk Youth Shelter, Spokane

Safe Harbor Crisis Nursery, Kennewick

St. Anne's Children and Family Center, Spokane

Sally's House, Spokane

Washington School for the Deaf, Vancouver

In addition to site visits of licensed facilities, the Ombudsman participated in ad hoc meetings or informal get togethers with foster parents in both Eastern and Western Washington to hear and address concerns.

TRAINING

HCSTAT Training on Substance Abuse and Relapse Prevention

Northwest Institute for Children and Families Training on Adolescent Well being, Permanency, and Child Welfare Workforce Recruitment

WORK IN PROGRESS

- Review and comment on DSHS' proposed curriculum and materials to train staff to appropriately screen and respond to CPS referrals regarding adolescents pursuant to SB 5583.
- Review and comment on DSHS' proposed revisions to CA practices and procedures manual to comply with foster parent retaliation law.

APPENDIX B - EXPLANATION AND COMPARISON OF CHILDREN'S ADMINISTRATION CHILD FATALITY REVIEWS AND EXECUTIVE CHILD FATALITY REVIEWS

Child Fatality Reviews (CFR) are conducted on any unexpected child fatality if the child's family received any services from the Children's Administration (CA) within 12 months prior to the child's death.

An Executive Child Fatality Review (ECFR) may replace a CFR in situations where the child died of alleged abuse or neglect while the family was actively receiving services from the administration. As an example, an ECFR may be convened when a child dies of alleged abuse or neglect while the family has an open, active child protective services (CPS) investigation case, and/or in a child welfare services (CWS) case where the child is a dependent and living at home, with a relative, or in a licensed facility.

ECFRs are generally convened on these types of cases to provide an independent review by individuals who were not directly involved in providing services to the family. ECFRs bring together individuals who have expertise in disciplines that reflect the specific case dynamics.

Child Fatality Reviews (CFR)	Executive Child Fatality Reviews (ECFR)
A CFR is conducted on any unexpected child fatality when the family received services from the department within 12 months prior to the child's death.	An ECFR may be convened and replace the CFR when the family was actively receiving services at the time of the child's death, and the child died from alleged abuse or neglect. Example: an open, active CPS case or case involving a dependent child who was residing at home, with a relative or in licensed facility at the time of death.
Team members are selected by the regional child protective services (CPS) program manager.	The ECFR is convened at the discretion of the Children's Administration (CA) Assistant Secretary who also selects the team members in consult with the regional administrator, the Director of Field Operations, and the CA Office of Risk Management.
Review is conducted by a multi-disciplinary team which includes CA staff, service providers, and community stakeholders who have direct knowledge of the case.	Review is conducted by a multi-disciplinary team comprised of community professionals, para-professionals, and CA staff who have no direct involvement in the case. The team should represent the demographic and culture of the community where the fatality occurred and there should be team members who represent the client's ethnic and cultural background.
Team members sign confidentiality statements.	Team members sign confidentiality statements.
The review is coordinated and facilitated by the regional child protective services (CPS) program manager	The review is facilitated by a chair or co-chairs who are selected by the ECFR team. The regional CPS program manager provides local coordination of materials and logistical support to the team.
The CFR team may review the case record, a review of policies, and practice. The review may include interviews. Documents may be developed solely for the purpose of the review and usually include a chronology of the case.	The ECFR team may review the case record, a review of policies, and practice. The review usually includes interviews. Documents may be developed solely for the purpose of the review and usually include a chronology of the case. Additional documents may be provided to the ECFR for their consideration, e.g.) the Gomez ECFR team received documents developed by the Office of the Family and Children's Ombudsman.

Child Fatality Reviews (CFR)	Executive Child Fatality Reviews (ECFR)
The CFR will be completed within 180 days. The CFR team usually meets for one day.	The amount of time needed for the review is determined by the ECFR team, with a goal of completion by 180 days. Additional time may be requested as needed.
Final reports, which identify issues and recommendations, are written by the CPS program manager. The reports are documented in the Administrative Incident Reporting System (AIRS). Once confidential information is redacted, the report is reformatted and submitted to the Legislature per RCW 74.13.640. The report is posted on the web for public review.	Final reports, which include findings and recommendations, are written by the team. Once confidential information is redacted, the report is available to the public.
A work plan may be developed to address practice or system issues.	CA provides a response to the report recommendations and a work plan may be developed to address practice or system issues.

Source: DSHS Children's Administration, Office of Risk Management, 09/29/2005

APPENDIX C - FATALITY REVIEW MATRIX

EXPECTED CHILD FATALITIES		CFR*	Executive CFR	No Review Required
Type of Case				
1.	Services within 12 months, CA/N alleged	X or	X	
2.	Adoption support, services within 12 months, CA/N alleged	X or	X	
3.	Licensed care (DLR/DCCCL), CA/N alleged	X or	X	
4.	Open case, placement, no CA/N alleged			X
5.	Services within 12 months, no CA/N alleged			X
6.	Adoption support, no services within 12 months, no CA/N alleged			X
7.	Adoption support, services within 12 months, no CA/N alleged			X
8.	Adoption support, no services within 12 months, no CA/N alleged			X
9.	Licensed care (DLR/DCCCL), no CA/N alleged			X
10.	No history, no CA/N alleged			X
11.	No history, CA/N alleged			X
12.	Open case, no placement, no CA/N alleged			X

UNEXPECTED CHILD FATALITIES		CFR	Executive CFR	No Review Required
Type of Case				
13.	Open case, no placement, no CA/N alleged	X		
14.	Open case, no placement, CA/N alleged	X or	X	
15.	Open case, placement, no CA/N alleged	X		
16.	Open case, placement, CA/N alleged	X or	X	
17.	Services within 12 months, no CA/N alleged	X		
18.	Services within 12 months (includes IO, LRS, HRS), CA/N alleged	X or	X	
19.	Licensed care (DLR/DCCCL), no CA/N alleged	X		
20.	Licensed care (DLR/DCCCL), CA/N alleged	X or	X	
21.	Adoption support, services within 12 months, no CA/N alleged	X		
22.	Adoption support, services within 12 months, CA/N alleged	X		
23.	Adoption support, no services within 12 months, no CA/N alleged			X
24.	Adoption support, no services within 12 months, CA/N alleged			X
25.	No services within 12 months, no CA/N alleged			X
26.	No services within 12 months, CA/N alleged			X
27.	Significant history prior to 12 months, CA/N alleged			X

Shaded cases require a fatality review. RA has option to request review of any case (e.g. Items 24 & 27).

CFR*—Child Fatality Review

Source: DSHS Children's Administration

APPENDIX D - ADMINISTRATIVE INCIDENT REVIEW ACTIVITY

Case Status	
<p>At time of child fatality or critical incident, services are active in Children's Administration (CA) programs;</p> <p>OR</p> <p>There was an open case that received services from any CA within 12 months prior to child's death or critical incident. Services include "information only" or low risk referrals.</p> <p>Services were provided by a CA licensed, certified, state-operated facility or Division of Child Care & Early Learning (DCCCL) home or facility.</p>	
Unexpected	Child Fatality Review (CFR), or Executive Child Fatality Review (ECFR) is Required
Child Abuse/Neglect (CA/N) Fatality	<p>CFR:</p> <ul style="list-style-type: none"> Participation by local/regional staff and/or others appointed by regional administrator (RA). CA may invite community partners who had involvement with and/or provided services to the child's family CFR prepared and coordinated by regional CPS program manager in Administrative Incident Reporting System (AIRS) Regional CPS program manager completes review within 90 days or RA may authorize extension <p>ECFR*:</p> <ul style="list-style-type: none"> Recommended by Director of Field Operations, RA & CA Office of Risk Management. Convened by Assistant Secretary Coordinated by Office of Risk Management and regional CPS program manager or other RA designee The Executive CFR will include statewide, multidisciplinary participants with no direct involvement in services for the child's family. Executive CFR will determine timeline for completion of report. <p>*An ECFR may replace a CFR in situations where the child died of alleged abuse or neglect while the family was actively receiving services from the department. As an example, an ECFR may be convened when a child dies of alleged abuse or neglect while the family has an open, active child protective services (CPS) investigation, and/or a child welfare services (CWS) case where the child is a dependent and living at home, with a relative, or in a licensed facility. ECFRs are generally convened on these types of cases to provide an independent review by individuals who were not directly involved in providing services to the family. ECFRs bring together individuals who have expertise in disciplines that reflect the specific case dynamics.</p>
Unexpected	CFR is Required
Non-CA/N Fatality	<p>CFR:</p> <ul style="list-style-type: none"> Participation by local/regional staff and/or others appointed by RA). CA may invite community partners who had involvement with and/or provided services to the child's family CFR prepared and coordinated by regional CPS program manager in AIRS Regional CPS program manager completes review within 90 days or RA may authorize extension

Expected	CFR (Optional)
Non-CA/N Fatality (e.g. medically fragile, terminal illness)	CFR: <ul style="list-style-type: none"> • CFR on expected, non-CA/N fatalities are optional. • Participation by local/regional staff and/or others appointed by RA. CA may invite community partners who had involvement with and/or provided services to the child's family • CFR prepared and coordinated by regional CPS program manager in AIRS • Regional CPS program manager completes review within 90 days or RA may authorize extension
Other	Administrative Incident Review (Optional)
Other Incidents*	<ul style="list-style-type: none"> • Requested by Assistant Secretary, Field Operations Director or RA • Coordinated by ORM • May include local, regional, HQ and/or other representation

*Other incidents that may result in an internal staffing or review include, but are not limited to the following:

- Near-fatalities of children, adults or others that may be CA/N-related where practice, policy or system issues would benefit from review
- Serious CA/N-related injuries on open or recently closed cases
- CA/N issues in state licensed or certified facilities (foster homes, private agency foster homes, child care homes/facilities)
- Other high risk situations or conditions that may have caused harm or potential harm to clients, staff or public
- Provider misconduct

Source: DSHS Children's Administration, Office of Risk Management, 09/29/2005

APPENDIX E - DELAWARE LAW ON CASELOADS

Delaware Law Enacted to Ensure Sufficient Caseloads are Funded

§ 9015. Budgeting and financing.

(a) The Secretary, in cooperation with the Department directors and office administrators, shall prepare a proposed budget for the operation of the Department to be submitted for the consideration of the Governor and the General Assembly. The Department shall be operated within the limitation of the annual appropriation and any other funds appropriated by the General Assembly.

(b) Each fiscal year, pursuant to established methodology, the Secretary and the Office of Management and Budget shall review projections on the number of child abuse and neglect cases and the number of child care facilities to be licensed and monitored for the next fiscal year. Based on these projections, the General Assembly shall fund, subject to a specific appropriation, funds and positions for the next fiscal year, beginning each July 1, to the Division of Family Services to provide:

- (1) An adequate number of child protection investigation workers so that regional caseloads do not exceed 14 cases per fully functioning worker;
- (2) An adequate number of child protection treatment workers so that regional caseloads do not exceed 18 cases per fully functioning worker;
- (3) An adequate number of Family Service supervisors so that there is 1 supervisor for every 5 workers;
- (4) An adequate number of training positions, but not less than 15, to ensure that fully trained staff are always available to fill vacancies;
- (5) An adequate number of licensing specialists for child care centers and family child care homes so that caseloads do not exceed 150 per specialist;
- (6) An adequate number of licensing specialists for 24-hour residential child care facilities so that caseloads do not exceed 30 per specialist; and
- (7) An adequate number of licensing supervisors so that there is 1 supervisor for every 5 workers.

In the event that regional caseloads exceed the above set standards during any fiscal year, the Office of Management and Budget shall, to the extent monies are available, authorize the use of casual seasonal positions as a temporary mechanism to ensure that caseloads remain within Delaware standards. Fully functioning workers are workers that are employed and working full-time, and do not include workers on extended medical leave, trainees who have not completed training or workers with restricted caseloads.

(c) In order to ensure the standards set forth in subsection (b) of this section are maintained, the Secretary shall submit a quarterly report to the Governor, the Controller General and the

Director of the Office of Management and Budget, with copies to the Chairpersons of the House of Representatives Committee on Health and Human Development, the Senate Committee on Children, Youth and Their Families, and the Child Protection Accountability Commission that details the above information both statewide and on a regional basis.

(d) For the purpose of retaining and attracting experienced investigation and treatment workers in the Division of Family Services, the Division may competitively recruit for Family Crisis Therapists in their investigation and treatment units. Current Division employees who successfully apply for these positions shall have their position reclassified to Family Crisis Therapist. Such reclassifications or reclassifications of vacant positions to Family Crisis Therapist shall be effective upon the approval of the Director of the Office of Management and Budget and the Controller General. The Division is authorized to transfer positions between budget units in order to adjust its complement to ensure the correct number of fully functioning employees are in each functional unit of the Division. The Division shall submit a quarterly report to the Director of the Office of Management and Budget and the Controller General detailing any adjustments to the complement, the number of Family Crisis Therapists hired and retention statistics.

(e) Special funds may be used in accordance with approved programs, grants and appropriations. (64 Del. Laws, c. 108, §§ 1, 14; 67 Del. Laws, c. 398, § 2; 71 Del. Laws, c. 475, § 1; 74 Del. Laws, c. 283, § 1; 75 Del. Laws, c. 88, §§ 20(6), 21(13), 26(2).)

Source: Del.Code.Ann., tit.29 §9015 (2000). Available at <http://www.delcode.state.de.us/title29/c090/index.htm>.